



## REQUEST FOR STATEWIDE INVOLUNTARY EXCLUSION OF AN INDIVIDUAL

Type or print (in ink) as much information as possible on this form. If additional space is needed, please note response on a separate sheet of paper and attach to the form. **NOTE: THIS IS NOT A VOLUNTARY SELF-RESTRICTION OR SELF-EXCLUSION FORM.**

Mail this completed form to: **California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento CA 95833.**

### SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names (Former Names (such as Maiden names), Nicknames, or Aliases / A.K.A.'s):

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Home Address:

Street	City	State	Zip Code

Mailing Address (if different than Home Address):

Street	City	State	Zip Code

Home Telephone Number:

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Business Number:

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Games most often played:

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### SECTION 2: PHOTO AND VISUAL DESCRIPTION

Gender: Male ☐

Female ☐

Date of Birth:

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Race/Ethnicity:

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Height:

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Weight:

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Hair Color/Type:

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Eye Color:

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Date of Photograph:

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CA Drivers License  
or other ID

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AFFIX A RECENT  
PASSPORT QUALITY  
PHOTOGRAPH  
HERE SHOWING  
HEAD AND SHOULDERS OF  
PERSON TO BE EXCLUDED

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

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Type of vehicle normally driven:

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License Plate:

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**SECTION 3: AFFIRMATION BY KEY EMPLOYEE OR OWNER OR BY GOVERNMENT EMPLOYEE**

NOTE: This form is not for voluntary self-restriction or self-exclusions. This form is not to be completed by patrons.

The facts and reasons why the individual should be excluded are as follows:

The information provided above is true and accurate to the best of my knowledge and **the individual described above should be excluded because he or she poses a threat** to the public, gambling enterprise employees, or the gambling industry.

Signature: \_\_\_\_\_ Date: 

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Print Name, Title, and Gambling Establishment or Facility Name or Governmental Entity:

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